

DECLARATION
AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. underneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto was filed on May 25, 1994 as Application Serial No. 08/250799 *(for declaration not accompanying application)*
with amendment(s) filed *(if applicable)*

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

| EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THE APPLICATION | | | |
|--|---------|--------------------------------------|--|
| APPLICATION NUMBER | COUNTRY | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 U.S.C. 119/172 |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> |

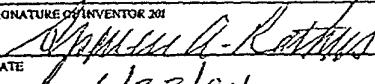
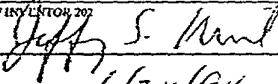
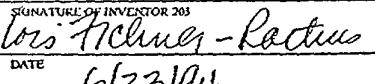
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| APPLICATION SERIAL NO. | FILING DATE | STATUS | | |
|------------------------|-------------|----------|---------|-----------|
| | | PATENTED | PENDING | ABANDONED |
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POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address is 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

| | | | | | |
|--|-------------------------|--|--|--|-------------------|
| SEND CORRESPONDENCE TO: WARD & OLIVO 708 THIRD AVENUE NEW YORK, NEW YORK 10017 | | | DIRECT TELEPHONE CALLS TO: WARD & OLIVO (212) 697-6262 | | |
| 2 0 1 | FULL NAME OF INVENTOR | LAST NAME RATHUS | FIRST NAME SPENCER | MIDDLE NAME A. | |
| | RESIDENCE & CITIZENSHIP | CITY SHORT HILLS | STATE OR FOREIGN COUNTRY NEW JERSEY | COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 31 KNOllWOOD ROAD | CITY SHORT HILLS | STATE OR COUNTRY NEW JERSEY | ZIP CODE 07078 |
| 2 0 2 | FULL NAME OF INVENTOR | LAST NAME NEVID | FIRST NAME JEFFREY | MIDDLE NAME S. | |
| | RESIDENCE & CITIZENSHIP | CITY NEW YORK | STATE OR FOREIGN COUNTRY NEW YORK | COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 382 CENTRAL PARK WEST, #11D | CITY NEW YORK | STATE OR COUNTRY NEW YORK | ZIP CODE 10025 |
| 2 0 3 | FULL NAME OF INVENTOR | LAST NAME FICHNER-RATHUS | FIRST NAME LOIS | MIDDLE NAME | |
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| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 31 KNOllWOOD ROAD | CITY SHORT HILLS | STATE OR COUNTRY NEW JERSEY | ZIP CODE 07078 |
| 2 0 4 | FULL NAME OF INVENTOR | LAST NAME | FIRST NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 2 0 5 | FULL NAME OF INVENTOR | LAST NAME | FIRST NAME - | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |
| 2 0 6 | FULL NAME OF INVENTOR | LAST NAME | FIRST NAME | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP | |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY | ZIP CODE |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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| SIGNATURE OF INVENTOR 201  | SIGNATURE OF INVENTOR 202  | SIGNATURE OF INVENTOR 203  |
| DATE 6/23/94 | DATE 6/24/94 | DATE 6/23/94 |
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 |
| DATE | DATE | DATE |